

Playing on God's Team!

Use one form per family and *please, print clearly.*

	First Name	Last Name	Contact Phone	✓ forText
Parent/Guardian:			email:	<input type="checkbox"/>
Emergency Contact:				<input type="checkbox"/>
Relationship to child:				
Alternate pickup if not parent/guardian				<input type="checkbox"/>

Participant Information

First Name	Last Name	Gender	Date of Birth	Grade in Fall
1.				
Allergies, Medical concerns, Special needs:		Child's shirt size:		
2.				
Allergies, Medical concerns, Special needs:		Child's shirt size:		
3.				
Allergies, Medical concerns, Special needs:		Child's shirt size:		
4.				
Allergies, Medical concerns, Special needs:		Child's shirt size:		

Payment: \$15 per child on or before July 6. \$20 per child after July 6. Make checks out to St. Matthew Church.

SBC Media Permission: Information about this event may be included in parish and/or Diocesan Publications, through our website. Any photographs or video taken during the program of my child may be used for parish and/or Diocesan Publications or at related events, including web pages and parish social media sites. Please initial next to the appropriate statement.

I agree _____

I do not agree _____

Volunteer information on back.